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QUARANTINE CIRCULAR.

TREASURY DEPARTMENT,
BUREAU OF PUBLIC HEALTH
AND MARINE-HOSPITAL SERVICE,
Washington, May 13, 1912.

*To medical officers in command, and acting assistant surgeons in charge,
United States quarantine stations.*

SIR: You are directed until further notice to treat vessels arriving from any Mexican port, with the exception of Progreso, in accordance with paragraph 105, section A, of the quarantine regulations. Vessels from Progreso are to be given special treatment as follows:

1. When no passengers are carried, such vessels are to be simply inspected upon arrival at New Orleans, unless special reasons exist for further treatment; but this is with the understanding that said vessels have complied with the following conditions:

2. Vessels to carry a competent physician recommended by the quarantine officer at the United States port of arrival, and as stated above, to carry no passengers.

3. Loading and unloading to take place at the end of the long wharf reaching far out into the open sea at Progreso, and the loading to be done exclusively by daylight.

4. Vessels to be fumigated at Progreso just prior to sailing, by the traveling physician, said fumigation, done for the destruction of mosquitoes, to apply especially to the superstructure.

5. The personnel of vessels to remain on board during the stay in Progreso.

In the event that vessels carry passengers from Progreso, they are to be handled under paragraph 105 and subdivisions of the quarantine regulations of 1910, in addition to the treatment above mentioned.

Respectfully,

RUPERT BLUE,
Surgeon General.

THE COMMON DRINKING CUP.

Several States and cities have enacted laws or adopted regulations regarding the use of common drinking cups in public or semipublic places. In this connection the following quotation from a report made by Dr. Henry Albert, State bacteriologist of Iowa, appearing

in the quarterly bulletin of the Iowa State Board of Health (Vol. XXV, No. 2), is of interest:

Microscopic examinations of 22 common drinking vessels from public places were made. The vessels were obtained from two different cities in Iowa, in one of which there were a large number of cases of diphtheria. The vessels were obtained from the following kinds of places: six from hotels, 1 from a courthouse, 1 from a cigar store, 1 from a railway car, 12 from public schools, and 1 from a public well.

The following represents the kinds of disease-producing bacteria and the number of cups on which such were found: Diphtheria bacilli on 2 (both cups were from schoolhouses of a city in which there were a large number of cases of diphtheria); pus-producing bacteria on 17; pneumococci (the germs of pneumonia) on 3; micrococcus catarrhalis (the germ which frequently produces colds) on 7. In addition, 7 of the cups contained epithelial cells and mucus from the mouth.

The Iowa State Board of Health at a meeting held in October, 1911, adopted the following regulation:

Whereas it has been demonstrated that common drinking cups are frequently contaminated with disease-producing germs and, as a medium for the transmission of contagious and infectious diseases, they are a source of danger to the public health; and

Whereas individual or private drinking cups may readily be provided in such places where most needed: Therefore,

Under the authority of the statute imposed upon the State board of health to promulgate rules and regulations relative to the preservation of the public health in contagious and infectious diseases and the prevention of the same, the use of the common drinking cup in all public places such as parks, streets, schoolhouses, hotels, factories, workshops, libraries, railway stations and cars, and all other public places is hereby prohibited from and after January 1, 1912.

INVESTIGATIONS OF AND TICK ERADICATION IN ROCKY MOUNTAIN SPOTTED FEVER.

A REPORT OF WORK DONE ON SPOTTED FEVER IN COOPERATION WITH THE STATE BOARD OF HEALTH OF MONTANA.

By THOMAS B. MCCLINTIC, Passed Assistant Surgeon, Public Health and Marine-Hospital Service.

INTRODUCTION.

Rocky Mountain spotted fever has prevailed in Montana and Idaho for at least several decades. The earliest available record of the disease having been reported was in the year 1873. Cases of the disease have from time to time occurred in other States until now Rocky Mountain spotted fever has been reported from practically all of the Rocky Mountain States, including Arizona, California, Colorado, Idaho, Montana, Nevada, Oregon, Utah, Washington, and Wyoming.

Although the disease is far more prevalent in Montana and Idaho than in any of the other States, its spread has assumed such proportions in the last decade as to call for the gravest consideration on the part of both the State and national health authorities. In fact, the disease has so spread from State to State that it has undoubtedly become a very serious interstate problem demanding the institution of measures for its control and suppression. There is, however, a marked variation in the severity of the disease in different localities, notably in Montana, as compared with Idaho. Particularly in the Bitter Root Valley in Montana the mortality rate is very high, while in Idaho it is comparatively low.

The reason for this variation in severity still remains an unsolved problem. On account of its persistent seasonal prevalence and